

TRANSMITTAL FORM

Application Serial Number	10/689,165
Filing Date	October 20, 2003
First Named Inventor	Donald K. Smith
Group Art Unit	3742
Examiner Name	Paschall, M.
Attorney Docket No.	ASX-015C4
Patent No.	Not applicable
Issue Date	Not applicable

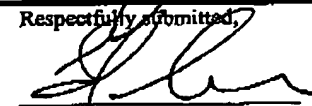
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Preliminary (Second) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being faxed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at Facsimile No. (703) 872-9306 on June 22, 2005.


Anne V. Moylan

CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	SIGNATURE BLOCK Date: June 22, 2005 Reg. No.: 56,834 Tel. No.: (617) 526-9712 Fax No.: (617) 526-9899 Respectfully submitted,  Erik Saarmaa Agent for the Applicant(s) Proskauer Rose LLP One International Boston, MA 02110-2600
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PATENT
Attorney Docket No.: ASX-015C4

APPLICANTS: Smith et al.
SERIAL NO.: 10/689,165 GROUP NO.: 3742
FILING DATE: October 20, 2003 EXAMINER: Paschall, M.
TITLE: TOROIDAL LOW-FIELD REACTIVE GAS SOURCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SECOND PRELIMINARY AMENDMENT

Please enter the following second Preliminary Amendment before beginning examination of the above-identified patent application. In the event any fees are due, the Commissioner is hereby authorized to charge any such fees to Attorney's Deposit Account No. 50-3081.

Amendments to the Claims begin on page 2.

Remarks begin on page 5.